

# EXPEDITED RFQ NOTIFICATION SHEET

## Office of Contracts and Rate Setting

State of Michigan

Department of Human Services

Notice of a request for quotations or a request for proposal is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

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| Amount:<br>\$8,000 per year (\$24,000) | ITB Number<br>DHS SFSC 09 39001 |
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### Bid Description:

Kalamazoo Pre/Post Adoptive Family Mentor. The contractor shall provide staff with a minimum of a bachelor's degree in a human services field such as social work, education counseling or a related field.

In addition to a Central Registry background check, and as a condition of this Agreement, each Contractor certifies the Contractor will conduct or cause to be conducted, for each applicant, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this agreement, an Internet Criminal History Access Tool (ICHAT) check and for each applicant, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this agreement and who has not resided or lived in Michigan for each of the previous ten (10) years, a National Crime Information Date (NC ID) criminal record check and an ICHAT check. The Contractor further certifies that the Contractor shall not submit claims for or assign to duties under this Agreement, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Contractor that the results of a positive ICHAT or NCID response record make the individual ineligible to provide the services. Contractors may consider the recency and type of crime when making this determination. The Contractor must have a written policy describing the criteria on which its determinations shall be made. Failure to comply with this provision may be cause for immediate cancellation of this Agreement.

### The contractor will:

Provide verification of education and experience gained through training that provides the following understanding of:

1. Normal child development
2. Resources available to adoptive families
3. How to spend time together with the referred family group
4. How mentor accesses other community resources and professional help
5. Effective listening and empathy skills development
6. Problem-solving
7. When to recommend that a family being mentored get professional help.

Sign a confidential agreement stating that the client's names and personal information will not be given to any outside the program.

Develop a community-based adoption support resources guide or list that will include but not be limited to:

1. Adoption services in the local community
2. Instructions on what to do after adoption is final
3. Instructions on how to access services through adoption subsidy
4. How to expedite requested services eliminating unnecessary steps

Accept written referrals from the local DHS for pre/post adoptive families. Written referrals must be kept by the contractor for verification of authorization to provide service.

Contact the referred pre/post adoptive parent to conduct a one hour face-to-face needs assessment within 7 days from the date of referral preparing a service plan to be discussed and reviewed with the DHS referring worker. The mentor will work on client-driven issues identified in the initial meeting and documented on the service plan, including issues identified by the referring DHS Specialist. If additional issues or concerns are identified the mentor shall contact the

referring DHS specialist to discuss those issues.

Contact and schedule the pre/post adoptive parent for a one hour weekly face-to-face meeting for the first month. Subsequent contact will be scheduled for a 1 hour minimum once monthly to offer support and encouragement. The mentor and the pre/post adoptive family will meet at mutually agreed upon times and locations.

Provide service to the adoptive family for a minimum of 6 months.

As a follow up after the first 6 months service, contact each family by phone at least once per month to offer supportive service.

Provide the pre/post adoptive parents with a contact number to access for support and questions at all times or as arranged between the mentor and the family.

Write a monthly report identifying:

- 1.Client's name
- 2.Date referred
- 3.Date FF contacts and time for each
- 4.List the family strengths
- 5.Address the barriers identified in the initial assessment indicating which concerns have been resolved and what the solution was and list those still needing resolution

Contact the Local DHS Service Supervisor for assistance and guidance to the contractor for issues that may include but are not limited to:

1. Assistance with communication;
2. Problem solving;
3. Ideas for activities.

2. Volume of Service

Clients - The estimated number of unduplicated eligible clients to be served during the period of this Agreement shall be: 108

3. Unit Definition(s): One unit equals one hour of contractors time in providing mentoring services to referred pre/post adoptive parents.

Due Date for Response:

**1/27/2009 2:30 pm**

Contact Person Name:

**Ruth Yoshikawa**

Phone #:

**(269) 337-5179**

Date: